

CRYSTAL KIMBLE,
Plaintiff,
v.
CAROLYN W. COLVIN, Commissioner
of Social Security,¹
Defendant.

BEFORE THE COURT are cross-Motions for Summary Judgment. ECF No. 17, 22. Attorney D. James Tree represents Crystal Kimble (Plaintiff); Special Assistant United States Attorney Daniel E. Burrows represents the Commissioner of Social Security (Defendant). The parties have consented to proceed before a magistrate judge. ECF No. 7. After reviewing the administrative record and briefs filed by the parties, the court **GRANTS** Plaintiff's Motion for Summary Judgment and **DENIES** Defendant's Motion for Summary Judgment.

On October 18, 2007, Plaintiff protectively filed an

¹Carolyn W. Colvin became the Acting Commissioner of Social Security on February 14, 2013. Pursuant to Rule 25(d) of the Federal Rules of Civil Procedure, Carolyn W. Colvin is substituted for Michael J. Astrue as the defendant in this suit. No further action need be taken to continue this suit. 42 U.S.C. § 405(g).

1 application for both supplemental security income and for disability
2 insurance benefits, alleging disability beginning March 15, 2007.
3 Tr. 18; 173.

4 In her application for benefits, Plaintiff reported that she
5 stopped working due to severe depression and anxiety. Tr. 177.
6 Plaintiff's claim was denied initially and on reconsideration, and
7 she requested a hearing before an administrative law judge (ALJ).
8 Tr. 18; 106-118. A hearing was held on January 21, 2010, at which
9 Vocational Expert Deborah Lapoint, medical expert Marian Martin,
10 M.D., and Plaintiff, who was represented by counsel, testified. Tr.
11 43-105. ALJ Gene Duncan presided. Tr. 43. The ALJ denied benefits
12 on February 12, 2010. Tr. 18-31. Plaintiff appealed to the Appeals
13 Council, and submitted additional evidence. Tr. 5; 11-12. The
14 Appeals Council denied review. Tr. 1. The instant matter is before
15 this court pursuant to 42 U.S.C. § 405(g).

16 **STATEMENT OF THE CASE**

17 The facts of the case are set forth in detail in the transcript
18 of proceedings and are briefly summarized here. At the time of the
19 hearing, Plaintiff was 32 years old, and living alone in an
20 apartment in Yakima, Washington. Tr. 47; 49. Plaintiff graduated
21 from high school, and attended one year of college. Tr. 48; 73.
22 She has three children, and in 2004, the children were removed from
23 her care due to neglect. Tr. 67. Plaintiff has worked as a nurse's
24 assistant, a cashier, stock clerk, janitor, industrial cleaner,
25 shipyard laborer and housekeeping cleaner. Tr. 89-90. Her last job
26 was as a general laborer and Plaintiff testified that in 2007, after
27 she was laid off, she was unsuccessful in finding other work. Tr.
28 51-52. Plaintiff explained that she had a series of short-term jobs

1 because she was often fired for attendance problems, although she
2 was once fired for theft. Tr. 81. She said she experienced
3 migraines and depression and would also have anxiety attacks at
4 work. Tr. 81.

5 Plaintiff also testified that the "main reason" she cannot
6 return to work is that she "simply mentally cannot handle working."
7 Tr. 52. Plaintiff stated that she has severe migraines, depression,
8 and anxiety, in addition to fibromyalgia, post-traumatic stress
9 disorder and ADD. Tr 52. She said she has had problems getting
10 along with her neighbors, landlord, and people at work. Tr. 82-83.

11 Plaintiff performs the household chores in her apartment, but
12 she said she has broken many dishes because she cannot properly grip
13 the dishes due to weakness in her hands. Tr. 79-80. Plaintiff has
14 extensive criminal history, and she was arrested in 2008 for
15 identity theft, and in 2009 on a shoplifting charges. Tr. 371.

16 ADMINISTRATIVE DECISION

17 At step one, ALJ Duncan found Plaintiff had not engaged in
18 substantial gainful activity since March 15, 2007, the alleged onset
19 date. Tr. 20. At step two, he found Plaintiff had the following
20 severe impairments: obesity, headaches, and depressive disorder, not
21 otherwise specified. Tr. 21. At step three, the ALJ determined
22 Plaintiff's impairments, alone and in combination, did not meet or
23 medically equal one of the listed impairments in 20 C.F.R., Subpart
24 P, Appendix 1 (20 C.F.R. 416.920(d), 416.925 and 416.926). Tr. 26.
25 The ALJ found Plaintiff has the Residual Functional Capacity ("RFC")
26 to perform light work with the following limitations:

27 She should not operate dangerous machinery or work at
28 heights. She can engage in frequent handling, gripping,
and fine fingering. She is capable of routine, learned

1 work. She can work independently, not in coordination
2 with coworkers. She is capable fo superficial contact
3 with the public and with coworkers, and routine subjective
4 supervision. She can work where there is no intense
5 interactions with others. She is capable of following
6 oral and written instructions for changes in the job
7 setting. She cannot work where there is direct access to
8 drugs or alcohol. She should not work with children or
9 where other's security is involved. She can be expected
10 to be off-task 4.5% of the workday. She should not make
11 executive decisions. She should not work in crowds. She
12 would likely miss 2 days in a month and may need an extra
13 10 minute break once or twice a month.

14 Tr. 27.

15 In his step four findings, the ALJ found Plaintiff's statements
16 regarding pain and limitations were not credible to the extent they
17 were inconsistent with the RFC findings. Tr. 27. The ALJ found
18 that Plaintiff was able to perform past relevant work as a
19 housekeeper/cleaner. Tr. 29. Alternatively, the ALJ found after
20 considering Plaintiff's age, education, work experience, and
21 residual functional capacity, jobs exist in significant numbers in
22 the national economy that the Plaintiff can perform, such as price
23 marker. Tr. 31.

24 STANDARD OF REVIEW

25 In *Edlund v. Massanari*, 253 F.3d 1152, 1156 (9th Cir. 2001), the
26 court set out the standard of review:

27 A district court's order upholding the Commissioner's
28 denial of benefits is reviewed *de novo*. *Harman v. Apfel*,
29 211 F.3d 1172, 1174 (9th Cir. 2000). The decision of the
30 Commissioner may be reversed only if it is not supported
31 by substantial evidence or if it is based on legal error.
32 *Tackett v. Apfel*, 180 F.3d 1094, 1097 (9th Cir. 1999).
33 Substantial evidence is defined as being more than a mere
34 scintilla, but less than a preponderance. *Id.* at 1098.
35 Put another way, substantial evidence is such relevant
36 evidence as a reasonable mind might accept as adequate to
37 support a conclusion. *Richardson v. Perales*, 402 U.S.
38 389, 401 (1971). If the evidence is susceptible to more
39 than one rational interpretation, the court may not
40 substitute its judgment for that of the Commissioner.
41 *Tackett*, 180 F.3d at 1097; *Morgan v. Commissioner of*

1 *Social Sec. Admin.*, 169 F.3d 595, 599 (9th Cir. 1999).

2 The ALJ is responsible for determining credibility,
3 resolving conflicts in medical testimony, and resolving
4 ambiguities. *Andrews v. Shalala*, 53 F.3d 1035, 1039 (9th
5 Cir. 1995). The ALJ's determinations of law are reviewed
6 *de novo*, although deference is owed to a reasonable
7 construction of the applicable statutes. *McNatt v. Apfel*,
8 201 F.3d 1084, 1087 (9th Cir. 2000).

9 It is the role of the trier of fact, not this court, to resolve
10 conflicts in evidence. *Richardson*, 402 U.S. at 400. If evidence
11 supports more than one rational interpretation, the court may not
12 substitute its judgment for that of the Commissioner. *Tackett*, 180
13 F.3d at 1097; *Allen v. Heckler*, 749 F.2d 577, 579 (9th Cir. 1984).
14 Nevertheless, a decision supported by substantial evidence will
15 still be set aside if the proper legal standards were not applied in
16 weighing the evidence and making the decision. *Browner v. Secretary*
17 *of Health and Human Services*, 839 F.2d 432, 433 (9th Cir. 1988). If
18 substantial evidence exists to support the administrative findings,
19 or if conflicting evidence exists that will support a finding of
20 either disability or non-disability, the Commissioner's
21 determination is conclusive. *Sprague v. Bowen*, 812 F.2d 1226, 1229-
22 1230 (9th Cir. 1987).

23 **SEQUENTIAL PROCESS**

24 The Commissioner has established a five-step sequential
25 evaluation process for determining whether a person is disabled. 20
26 C.F.R. §§ 404.1520(a), 416.920(a); see *Bowen v. Yuckert*, 482 U.S.
27 137, 140-42 (1987). In steps one through four, the burden of proof
28 rests upon the claimant to establish a prima facie case of
entitlement to disability benefits. *Tackett*, 180 F.3d at 1098-99.
This burden is met once a claimant establishes that a physical or
mental impairment prevents him from engaging in his previous

1 occupation. 20 C.F.R. §§ 404.1520(a)(4), 416.920(a)(4). If a
 2 claimant cannot do his past relevant work, the ALJ proceeds to step
 3 five, and the burden shifts to the Commissioner to show that (1) the
 4 claimant can make an adjustment to other work; and (2) specific jobs
 5 exist in the national economy which claimant can perform. *Batson v.*
 6 *Commissioner of Social Sec. Admin.*, 359 F.3d 1190, 1193-94 (2004).
 7 If a claimant cannot make an adjustment to other work in the
 8 national economy, a finding of "disabled" is made. 20 C.F.R. §§
 9 404.1520(a)(4)(I-v), 416.920(a)(4)(I-v).

10 ISSUES

11 Plaintiff contends that the ALJ erred by (1) improperly
 12 rejecting her treating and examining providers' opinions; (2)
 13 conducting an improper step four analysis; and (3) failing to meet
 14 his burden at step five to identify specific jobs, available in
 15 significant numbers, that Plaintiff can perform. ECF No. 18 at 10.

16 ANALYSIS

17 A. Medical Opinions

18 Plaintiff contends that the ALJ failed to properly consider the
 19 opinions of Philip D. Rodenberger, M.D., the mental health
 20 therapists and the medical expert at the hearing. ECF No. 18 at 14.

21 1. Philip D. Rodenberger, M.D.

22 Plaintiff argues that the ALJ's reasons for rejecting Dr.
 23 Rodenberger's opinion were not legitimate. The ALJ's offered
 24 reasons were that no supporting documentation existed and his
 25 opinion was contradicted by the opinion of Dr. Toews and
 26 psychologist Arch Bradley. ECF No. 18 at 13-14.

27 In weighing medical source opinions in Social Security cases,
 28 the Ninth Circuit distinguishes among three types of physicians: (1)

1 treating physicians, who actually treat the claimant; (2) examining
2 physicians, who examine but do not treat the claimant; and (3)
3 non-examining physicians, who neither treat nor examine the
4 claimant. *Lester v. Chater*, 81 F.3d 821, 830 (9th Cir. 1995).
5 Generally, more weight is given to the opinion of a treating
6 physician than to the opinions of non-treating physicians. *Id.*
7 Where a treating physician's opinion is uncontradicted, it may be
8 rejected only for "clear and convincing" reasons, and where it is
9 contradicted, it may be rejected only for "specific and legitimate
10 reasons" supported by substantial evidence in the record. *Lester*,
11 81 F.3d at 830. An ALJ need not accept the opinion of a treating
12 physician, "if that opinion is brief, conclusory, and inadequately
13 supported by clinical findings" or "by the record as a whole."
14 *Batson*, 359 F.3d at 1195; see also *Thomas v. Barnhart*, 278 F.3d 947,
15 957 (9th Cir. 2002); *Tonapetyan v. Halter*, 242 F.3d 1144, 1149 (9th
16 Cir. 2001).

17 "The opinions of non-treating or non-examining physicians may
18 also serve as substantial evidence when the opinions are consistent
19 with independent clinical findings or other evidence in the record."
20 *Thomas*, 278 F.3d at 957. Factors that an ALJ may consider when
21 evaluating any medical opinion include "the amount of relevant
22 evidence that supports the opinion and the quality of the
23 explanation provided; the consistency of the medical opinion with
24 the record as a whole; [and] the specialty of the physician
25 providing the opinion." *Orn v. Astrue*, 495 F.3d 625, 631 (9th Cir.
26 2007).

27 Dr. Rodenberger completed a check-the-box Mental Residual
28 Functional Capacity Assessment on November 20, 2008. Tr. 353-55.

1 Dr. Rodenberger assessed Plaintiff with several marked limitations
2 in understanding and memory, and sustained concentration and
3 persistence. Tr. 353-54. Dr. Rodenberger also assessed Plaintiff
4 with multiple moderate limitations in every category. Tr. 353-54.

5 The ALJ reviewed Dr. Rodenberger's completed questionnaire.
6 Tr. 23-24. In weighing the opinion evidence, the ALJ stated that
7 Dr. Rodenberger's assessment was "carefully considered," but noted
8 that no supporting documentation existed to support his conclusions.
9 Tr. 29. Additionally, the ALJ noted that a few months prior to Dr.
10 Rodenberger's opinion, Dr. Toews evaluated Plaintiff and concluded
11 that Plaintiff was capable of sustaining attention to simple tasks,
12 interacting with others and she could tolerate supervision. Tr. 29.
13 The ALJ also noted Dr. Bradley's report also contradicted Dr.
14 Rodenberger's opinions about Plaintiff's limitations. Tr. 29.

15 While Plaintiff contends Dr. Rodenberger was Plaintiff's
16 treating physician, as the Defendant points out, no treating records
17 from this physician exist in the record, save a single reference to
18 Dr. Rodenberger prescribing medication. Tr. 370. A treating
19 physician's opinion is given greater weight because "he is employed
20 to cure and has a greater opportunity to know and observe the
21 patient as an individual." *Magallanes v. Bowen*, 881 F.2d 747, 751
22 (9th Cir. 1989), quoting *Sprague*, 812 F.2d at 1230. In this case,
23 no evidence exists that Dr. Rodenberger was a treating physician
24 and, therefore, entitled to the deference normally given a treating
25 physician's opinion. Even if Plaintiff had established Dr.
26 Rodenberger was a treating physician, the ALJ's reason that no
27 objective medical evidence existed to support Dr. Rodenberger's
28 opinion was a "specific and legitimate" reason and is supported by

1 the record. Plaintiff neither provided treating records from Dr.
2 Rodenberger that would support his opinions, nor does medical
3 evidence from other providers support his assessment of Plaintiff's
4 limitations.

5 Plaintiff disagrees with the ALJ's conclusion that Dr.
6 Rodenberger's opinion was contradicted by Drs. Toews and Bradley.
7 ECF No. 18 at 14. A review of the record reveals Plaintiff's
8 position is not supported. Dr. Rodenberger, as stated above, found
9 Plaintiff had limitations in every functioning category - most were
10 moderate, but several were marked. Tr. 353-55. By contrast, Dr.
11 Toews assessed Plaintiff and found she was cognitively intact, and
12 able to sustain attention and concentration to simple tasks,
13 interact with others and tolerate supervision. Tr. 29; 322. Dr.
14 Toews noted that Plaintiff's results indicated she was malingering.
15 Tr. 320. Dr. Toews opined that Plaintiff's test scores indicated
16 she had good auditory attention, concentration, and good auditory
17 comprehension and memory. Tr. 321. Her other test results
18 indicated she functions in the average range of intelligence and her
19 cognitive functioning and her memory capabilities are sufficient for
20 functioning in a wide range of occupations. Tr. 322. Dr. Toews
21 concluded that Plaintiff was "cognitively intact. She is able to
22 sustain attention and concentration to simple tasks, interact with
23 other individuals, and tolerate supervision. It is likely she is
24 attempting to exaggerate cognitive and memory problems in an effort
25 to obtain disability benefits." Tr. 322.

26 Dr. Bradley administered to Plaintiff the WAIS-III and
27 completed a Psychological/Psychiatric evaluation on February 6,
28 2008. Tr. 273. Dr. Bradley provided limited information, but did

1 indicate Plaintiff had average intellectual functioning, no
2 cognitive or social limitations, and her social presentation and
3 verbal communication were average. Tr. 274-75. On review, the
4 record supports the ALJ's determination that Dr. Rodenberger's
5 assessment was contradicted by Dr. Toews and Dr. Bradley and, thus,
6 this was a "specific and legitimate" reason to discount Dr.
7 Rodenberger's opinion.

8 **2. Treating Therapists²**

9 Plaintiff argues that the ALJ's reasons for rejecting the
10 treating therapists opinions was vague, and he failed to provide
11 specific, "germane" reasons for rejecting each therapists' opinion.
12 ECF No. 18 at 15. Social workers and certified mental health
13 specialists are not considered to be medical sources under the
14 Social Security regulations. 20 C.F.R. § 416.913(a)(1) (establishing
15 that medical sources are only considered to be licensed physicians
16 (medical or osteopathic doctors), licensed or certified
17 psychologists and, with certain limitations, licensed optometrists,
18 licensed podiatrists, and qualified speech-language pathologists).

19
20 ²Plaintiff fails to identify the "treating therapists" whose
21 opinions were improperly weighed in his argument section. ECF No.
22 18 at 15-16; ECF No. 24 at 4-5. The court ordinarily will not
23 consider matters on appeal that are not specifically and distinctly
24 argued in an appellant's opening brief. *See Carmickle v Comm'r Soc.*
25 *Sec. Admin.*, 533 F.3d 1155, 1161 n.2 (9th cir. 2008). Because
26 Defendant's response to this issue identifies therapists Nikki Roger
27 and Dick Moen, the court reviews the opinions of those therapists in
28 analyzing the issue. ECF No. 23 at 15.

1 The ALJ may consider evidence from sources such as therapists and
2 social workers when determining the severity of a claimant's
3 impairment. 20 C.F.R. § 416.913(d)(1); see also SSR 06-03p
4 ("information from such 'other sources' may be based on special
5 knowledge of the individual and may provide insight into the
6 severity of the impairment(s) and how it affects the individual's
7 ability to function"). A medical source who is not "an acceptable
8 medical source" may be given more weight if that source has "seen
9 the individual more often than the treating source and has provided
10 better supporting evidence and a better explanation for his or her
11 opinion." SSR 06-03p.

12 The ALJ noted several DSHS evaluations in the record indicated
13 Plaintiff was severely limited in social and cognitive functioning.
14 Tr. 29. The ALJ provided several reasons for giving little weight
15 to those evaluations, including that the opinions are contradicted
16 by medical evidence in the record, are not supported by objective
17 medical evidence, and the assessments relied heavily upon subjective
18 allegations of Plaintiff, who was not credible. Tr. 29.

19 On January 3, 2008, Nikki Roger, LICSW, completed a
20 Psychological/Psychiatric Evaluation form, and diagnosed Plaintiff
21 with major depressive disorder, recurrent, moderate, cannabis
22 dependence in full sustained remission, learning disorder and
23 "mental retardation versus borderline intellectual functioning."
24 Tr. 258. Ms. Rogers opined that Plaintiff was markedly limited by
25 depression and the ability to respond appropriately to and tolerate
26 the pressure and expectations of a normal work setting. Tr. 259.
27 Ms. Rogers also found that Plaintiff had several moderate
28 limitations, including the ability to understand, remember and

1 follow complex instructions, the ability to learn new tasks, and the
2 ability to interact appropriately in public contacts. Tr. 258-59.

3 Ms. Rogers again completed a Psychological/Psychiatric
4 Evaluation form on April 7, 2008. Tr. 356-59. On this form, she
5 diagnosed Plaintiff with major depressive disorder, recurrent,
6 moderate, and found Plaintiff had severe limitations in her ability
7 to respond appropriately to and tolerate the pressure and
8 expectations of a normal work setting. Tr. 358. Ms. Rogers
9 assessed several moderate limitations in Plaintiff's cognitive
10 functioning, and one in social functioning. Tr. 358. Ms. Rogers
11 recommended psychological evaluation. Tr. 358-59.

12 Dick Moen, MSW, completed a Psychological/Psychiatric
13 Evaluation form on February 26, 2009. Tr. 363-66. Mr. Moen
14 diagnosed Plaintiff with major depression, recurrent, and assessed
15 Plaintiff with moderate limitations in every category of cognitive
16 and social functioning. Tr. 365. Mr. Moen opined that Plaintiff's
17 depression had not been treated for a long time, and he concluded it
18 would take at least one year to stabilize enough to allow for work.
19 Tr. 366.

20 As reviewed above, Dr. Toews and Dr. Bradley respectively
21 opined that Plaintiff was cognitively intact, able to sustain
22 attention and concentration to simple tasks, interact with others,
23 tolerate supervision, she had average intellectual functioning, no
24 cognitive or social limitations, and her social presentation and
25 verbal communication were average. Tr. 274-75; 322. Moreover, a
26 review of the record fails to reveal treatment records or objective
27 medical tests that would support Mr. Moen and Ms. Rogers' opinions
28 related to Plaintiff's severe limitations. The ALJ need not accept

1 a medical opinion if it is brief, conclusory, and inadequately
2 supported by clinical findings or by the record. *Batson*, 359 F.3d at
3 1195. Germane reasons to discount an opinion include contradictory
4 opinions and lack of support in the record. See, *Thomas*, 278 F.3d
5 at 957.

6 Additionally, the ALJ noted that the assessments were primarily
7 based upon Plaintiff's self-reporting, and Plaintiff was not
8 credible. Tr. 29. Where a medical source opinion is based
9 primarily on a claimant's self-reported symptoms, credibility is an
10 appropriate factor to consider in the evaluation of medical evidence
11 at step two. *Webb v. Barnhart*, 433 F.3d 683, 687 (9th Cir. 2005).
12 Plaintiff has not challenged the ALJ's determination of credibility.
13 As a result, the ALJ's reasons for giving little weight to the
14 opinions of Ms. Rogers and Mr. Moen are germane and supported by the
15 record.

16 **B. Step Four**

17 Plaintiff argues that the finding that Plaintiff could perform
18 her past relevant work was predicated upon the vocational expert's
19 response to incomplete hypothetical questions that did not properly
20 include the limitations assessed by the testifying medical expert,
21 and, thus, the ALJ erred at Step Four. ECF No. 18 at 17-18.
22 Additionally, Plaintiff argues that the ALJ failed to properly
23 consider whether housekeeping cleaner qualified as past relevant
24 work (ECF No. 18 at 18).

25 **1. The Hypothetical**

26 "At step four of the sequential analysis, the claimant has the
27 burden to prove that he cannot perform his prior relevant work
28 'either as actually performed or as generally performed in the

1 national economy.'" *Carmickle*, 533 F.3d at 1166 (citation omitted).
2 "Although the burden of proof lies with the claimant at step four,
3 the ALJ still has a duty to make the requisite factual findings to
4 support his conclusion." *Pinto v. Massanari*, 249 F.3d 840, 844
5 (9th Cir. 2001). The ALJ must make "specific findings as to the
6 claimant's residual functional capacity, the physical and mental
7 demands of the past relevant work, and the relation of the residual
8 functional capacity to the past work." *Id.* at 845; SSR 82-62. "A
9 vocational expert or specialist may offer relevant evidence within
10 his or her expertise or knowledge concerning the physical and mental
11 demands of a claimant's past relevant work, either as the claimant
12 actually performed it or as generally performed in the national
13 economy." 20 C.F.R. § 404.1560(b).

14 A hypothetical question posed to a VE must include all
15 impairments supported by substantial evidence. *Osenbrock v. Apfel*,
16 240 F.3d 1157, 1164-65 (9th Cir. 2001). Reliance on a hypothetical
17 that fails to include all accepted limitations is insufficient to
18 carry the agency's burden of proving the ability to engage in
19 alternative work. *Andrews*, 53 F.3d at 1044. The ALJ may carry his
20 burden of showing an ability to do other work by eliciting the
21 testimony of a VE in response to a hypothetical that sets out all
22 the limitations and restrictions of the claimant that are supported
23 by the record. *Andrews*, 53 F.3d at 1043.

24 An ALJ must propound a hypothetical to a VE that is based on
25 medical assumptions supported by substantial evidence in the record
26 that reflects all the claimant's limitations. See *Roberts v.*
27 *Shalala*, 66 F.3d at 184. The hypothetical should be "accurate,
28 detailed, and supported by the medical record." *Tackett*, 180 F.3d

1 at 1101. It is, however, proper for an ALJ to limit a hypothetical
2 to those impairments that are supported by substantial evidence in
3 the record. *Magallanes*, 881 F.2d at 756-57.

4 The ALJ gave "great weight" to the opinion of testifying
5 medical expert, Marian Martin, Ph.D. Tr. 29; 125. At the hearing,
6 Dr. Martin stated that Plaintiff appeared to have mild impairment in
7 activities of daily living, concentration, persistence and pace, and
8 moderate impairments in social functioning, with no episodes of
9 decompensation. Tr. 62. Dr. Martin explained that parts of the
10 record revealed that Plaintiff had some problems getting along with
11 supervisors, and her moderate limitation "would affect certainly her
12 ability to sustain work, but not - does not preclude it." Tr. 63.
13 Dr. Martin explained that while overall impairment in concentration,
14 persistence and pace was mild, in sustaining attention and
15 concentration for extended periods, the symptoms of depression and
16 anxiety would interfere with these abilities. Tr. 65. Dr. Martin
17 also explained that when Plaintiff is under situational stress, she
18 experiences more symptoms of depression and anxiety and that
19 combination would push Plaintiff's mild impairments to moderate in
20 the category of the ability to complete a normal workday and
21 workweek without interruption from psychologically based symptoms
22 and to perform at a consistent pace without an unreasonable number
23 and length of rest periods. Tr. 65.

24 The ALJ proposed the following hypothetical:

25 [A]n individual who is the same age as the claimant, same
26 education and past work experience; and further assume
27 that the claimant obtains a residual function[al] of [sic]
28 capacity for routine-learned medium level work, as defined
by the Social Security Regulations, and should not operate
dangerous machinery or work at heights, work
independently, not in coordination of co-workers, but have

1 superficial contact with the public and co-workers, should
2 have routine objective supervision, and have no intensive
3 interactions with others. Changes in a job setting should
be followed by instructions in oral and written form for
this claimant.

4

5 Should not have direct access or drugs - to drugs or
6 alcohol, should not work with children, should not do
security work, would be off-task four and a half percent
7 of the workday, and would miss six to eight hours per
month in varying increments, should not work in crowds,
8 should not make executive decisions.

9

10 Light work, can frequently grip panel and fine finger,
might need an extra break once or twice a month.

11 Tr. 92-93

12 Defendant responds that the ALJ adequately adapted Dr. Martin's
13 testimony into the RFC and in support, cites *Stubbs-Danielson v.*
14 *Astrue*, 539 F.3d 1169 (9th Cir. 2008). ECF No. 23 at 20-21. In
15 *Stubbs-Danielson*, the Ninth Circuit found that "an ALJ's assessment
16 of a claimant adequately captures restrictions related to
17 concentration, persistence, or pace where the assessment is
18 consistent with restrictions identified in the medical testimony."
19 *Id.* at 1174. In that case, the claimant was moderately limited in
20 his ability to perform at a consistent pace without an unreasonable
21 number and length of rest periods and mildly limited in several
22 other mental functioning areas, and the ALJ included in the RFC that
23 the claimant was limited to simple tasks. *Id.* at 1173-74. The
24 Eighth Circuit found that where a state psychologist identified
25 claimant as having deficiencies of concentration, persistence or
26 pace and the ability to "sustain sufficient concentration and
27 attention to perform at least simple, repetitive, and routine
28 cognitive activity without severe restriction of function," the

ALJ's hypothetical including ability to perform "simple, routine, repetitive tasks" adequately captured claimant's deficiencies in concentration persistence or pace. *Howard v. Massanari*, 255 F.3d 577, 582 (8th Cir. 2001); see also *Smith v. Halter*, 307 F.3d 377, 379 (6th Cir. 2001)(where ALJ's hypothetical incorporated concrete restrictions identified by examining psychiatrist regarding quotas, complexity, and stress, ALJ did not err in failing to include that claimant suffered from deficiencies in concentration, persistence, or pace).

In this case, it is not apparent that the ALJ incorporated Dr. Martin's assessment of Plaintiff's moderate deficiencies with concentration, persistence and pace into his RFC. For example, the RFC does not limit Plaintiff to simple tasks. While other medical evidence in the record might support a lack of impairment in this category,³ the ALJ stated he gave "great weight" to the opinions of Dr. Martin because she "was able to review the longitudinal record and set forth any resulting limitations, which are supported by the record and not based solely upon subjective statements made by the claimant." Tr. 29. A valid explanation may exist for the omission of this limitation as assessed by Dr. Martin, but the ALJ did not provide one. "Regardless whether there is enough evidence in the record to support the ALJ's decision, principles of administrative law require the ALJ to rationally articulate the grounds for h[is] decision and [the courts] confine our review to the reasons supplied by the ALJ." *Steele v. Barnhart*, 290 F.3d 936, 941(7th Cir. 2002)

³See, e.g., Mental RFC Assessment form completed by Edward Beaty, Ph.D. Tr. 334-36.

1 (citing *SEC v. Chenery Corp.*, 318 U.S. 80, 93-95, 63 S.Ct. 454, 87
2 L. Ed. 626 (1943) (other citations omitted)).

3 When Plaintiff's counsel questioned the VE about a hypothetical
4 individual who had moderate limitations in the ability to maintain
5 attention and concentration for extended periods, in the ability to
6 complete a normal workday without interruption from psychologically
7 based symptoms and to perform at a consistent pace without an
8 unreasonable number and length of rest periods, and the ability to
9 accept instructions and respond appropriately to criticism from
10 supervisors, the VE opined such an individual would not be able to
11 sustain employment. Tr. 99.

12 In this case, the ALJ stated he gave great weight to the
13 opinion of Dr. Martin, but failed to include all her assessed
14 limitations in the hypothetical posed to the VE. As a result, the
15 hypothetical was incomplete and the VE's testimony predicated upon
16 the incomplete hypothetical was of no evidentiary value. See
17 *Carmickle*, 533 F.3d at 1166 (VE's testimony "has no evidentiary
18 value" where hypothetical question is incomplete); *Lewis v. Apfel*,
19 236 F.3d 503, 517 (9th Cir. 2001).

20 **2. Past Relevant Work**

21 Additionally, the Plaintiff charges that the ALJ failed to make
22 a proper finding that housework, cleaner, qualified as past relevant
23 work. Past relevant experience is defined as "work . . . done
24 within the past 15 years, that was substantial gainful activity, and
25 that lasted long enough . . . to learn how to do it." 20 C.F.R. §
26 404.1560(b)(1). In addition to the timeliness and duration
27 requirements, to qualify as past relevant work, Plaintiff's earnings
28 must exceed the presumptive amount for monthly earnings in 2004. In

1 evaluating whether a claimant's work is substantial and gainful, the
2 ALJ's primary consideration will be the earnings the claimant
3 derives from the work activity. 20 C.F.R. § 404.1574(a)(1); see
4 also SSR 83-33 ("[E]arnings provide an objective and feasible
5 measurement of work.") When a claimant earns more than the primary
6 amount set forth in the earning guidelines contained in SSR 83-33,
7 a rebuttable presumption arises that the claimant was engaged in
8 substantial gainful activity.

9 Plaintiff admitted that she performed housekeeping in "various
10 jobs" for over one year, the bulk of Plaintiff's work history is
11 from the time period after 1995. Tr. 88; 161-67. The job of
12 cleaner, housekeeping, DOT 323.687-014, is classified as level 2
13 Specific Vocational Preparation ("SVP"), which unskilled. 20
14 C.F.R. § 404.1568(a); Tr. 90. Under the Social Security
15 regulations, "unskilled work" is defined as work that requires
16 "little or no judgment" in performing "simple" duties that can be
17 learned "on the job" and "in a short period of time." A job with a
18 level 2 SVP requires training time required to learn the job of up
19 to one month. 20 C.F.R. §§ 404.1568(a),⁴ 416.968(a)(2008). Thus,
20 Plaintiff easily meets the duration test for establishing

21
22 ⁴ 20 C.F.R. §§ 404.1568(a):

23 (a) Unskilled work is work which needs little or no
24 judgment to do simple duties that can be learned on the
25 job in a short period of time. The job may or may not
26 require considerable strength. For example, we consider
27 jobs unskilled if the primary work duties are handling,
28 feeding and offbearing (that is, placing or removing
materials from machines which are automatic or operated by
others), or machine tending, and a person can usually
learn to do the job in 30 days, and little specific
vocational preparation and judgment are needed. A person
does not gain work skills by doing unskilled jobs.

1 housekeeping as past relevant work. However, as Plaintiff points
2 out, the ALJ failed to establish that Plaintiff's housekeeping jobs
3 amounted to substantial gainful activity.

4 **C. Remedy**

5 When an ALJ's denial of benefits is not supported by the
6 record, "the proper course, except in rare circumstances, is to
7 remand to the agency for additional investigation or explanation."
8 *Benecke v. Barnhart*, 379 F.3d 587, 595 (9th Cir. 2004) (internal
9 quotation marks omitted). The court may exercise discretion and
10 direct an award of benefits "where no useful purpose would be served
11 by further administrative proceedings and the record has been
12 thoroughly developed." *Swenson v. Sullivan*, 876 F.2d 683, 689 (9th
13 Cir. 1989). Remand for further proceedings is appropriate where
14 outstanding issues exist that must be resolved before a
15 determination can be made, and it is not clear from the record that
16 the ALJ would be required to find the claimant disabled if all the
17 evidence were properly evaluated. See *Vasquez v. Astrue*, 572 F.3d
18 586, 593 (9th Cir. 2009); cf. *Reddick v. Chater*, 157 F.3d 715, 729
19 (9th Cir. 1998) ("[w]e do not remand this case for further
20 proceedings because it is clear from the administrative record that
21 Claimant is entitled to benefits.>").

22 In this case, the ALJ's residual functional capacity
23 determination was flawed and the hypothetical question was
24 incomplete. When Plaintiff's attorney asked the VE a hypothetical
25 based upon Plaintiff's limitations as assessed by Dr. Martin, the VE
26 testified that the hypothetical individual would not be able to
27 sustain competitive employment. Because the ALJ indicated he gave
28 great weight to Dr. Martin's opinion, and because substantial

1 evidence exists in the record to support the moderate limitations,
2 these limitations should have been incorporated into the ALJ's
3 hypothetical. As a result, remand is appropriate. *Harman*, 211 F.3d
4 at 1180 ("In cases where the testimony of the vocational expert has
5 failed to address a claimant's limitations as established by
6 improperly discredited evidence, we consistently have remanded for
7 further proceedings rather than payment of benefits.").

8 CONCLUSION

9 Having reviewed the record and the ALJ's findings, the court
10 concludes the ALJ's decision is not supported by substantial
11 evidence and is based on legal error. On remand, the ALJ must
12 present a hypothetical to the vocational expert which includes all
13 of his findings, supported by substantial medical evidence,
14 regarding plaintiff's functional limitations. Additionally, the
15 ALJ shall reevaluate the opinions of the medical source opinions,
16 explain the weight given to acceptable medical sources, and, if
17 necessary, provide legally sufficient reasons for rejecting
18 acceptable medical source opinions. Also, if necessary, the ALJ
19 will take medical expert testimony and vocational expert testimony
20 at a new hearing. Finally, on remand, the ALJ will reevaluate his
21 determination at step four and step five. The decision is therefore
22 **REVERSED** and the case is **REMANDED** for further proceedings consistent
23 with this opinion. Accordingly,

24 IT IS ORDERED:

25 1. Plaintiff's Motion for Summary Judgment (**ECF No. 17**) is
26 **GRANTED** and the matter is **REMANDED** to the Commissioner for
27 additional proceedings.

28 2. Defendant's Motion for Summary Judgment (**ECF No. 22**) is

1 **DENIED;**

2 3. An application for attorney fees may be filed by separate
3 motion.

4 The District Court Executive is directed to file this Order and
5 provide a copy to counsel for Plaintiff and Defendant. Judgment
6 shall be entered for Plaintiff, and the file shall be **CLOSED**.

7 DATED March 26, 2013.

8
9 S/ CYNTHIA IMBROGNO
10 UNITED STATES MAGISTRATE JUDGE
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